

A Publication of the
National Wildfire
Coordinating Group

NATIONAL INTERAGENCY INCIDENT MANAGEMENT SYSTEM

Sponsored by
United States
Department of Agriculture

TASK BOOK FOR THE POSITION OF

United States
Department of the Interior

STATUS/CHECK-IN RECORDER(SCKN)

National Association of
State Foresters



PMS 311-32
NFES 2342

August 1993

TASK BOOK ASSIGNED TO:
INDIVIDUAL'S NAME, DUTY STATION, AND PHONE NUMBER
TASK BOOK INITIATED BY:
OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER
LOCATION AND DATE THAT TASK BOOK WAS INITIATED

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

**VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK
FOR THE POSITION OF**

FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are complete with signatures. I also verify that

has performed as a trainee and should therefore be considered for certification in this position.

EVALUATOR'S SIGNATURE AND DATE

EVALUATOR'S PRINTED NAME, TITLE, DUTY STATION, AND PHONE NUMBER

AGENCY CERTIFICATION :

I certify that _____

has met all requirements for qualification in this position and that such qualification has been issued.

CERTIFYING OFFICIAL'S SIGNATURE AND DATE

CERTIFYING OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER

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National Interagency Fire Center, ATTN: Supply
3833 S. Development Avenue
Boise, Idaho 83705-5354

Order NFES # 2342

NATIONAL WILDFIRE COORDINATING GROUP POSITION TASK BOOK

Position Task Books (PTB) have been developed for designated positions within the National Interagency Incident Management System. Each PTB lists the performance requirements (tasks) for the specific position in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation to the agency that the trainee be certified in that position.

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and can occur on incidents, in classroom simulation, and in other work situations. Designated PTBs require position performance during which the majority of required tasks are demonstrated on a single incident. Some positions also required that specific tasks be performed on a wildland fire—performance of these tasks on other types of incidents are NOT qualifying. It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated. All bullet statements within a task which require an action (contain an action verb) must be demonstrated before that task can be signed off.

A more detailed description of this process, definitions of terms, and responsibilities are included in the Wildland Fire Qualification Subsystem Guide 310-1. A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Local Office** is responsible for:
 - Selecting trainees based on the needs of the local office and the geographic area.
 - Ensuring that the trainee meets the training and experience requirements included in the Wildland Fire Qualification Subsystem Guide 310-1.
 - Issuing PTBs to document task performance.
 - Explaining to the trainee the purpose and processes of the PTB as well as the trainee's responsibilities.
 - Providing opportunities for evaluation and/or making the trainee available for evaluation.
 - Providing an evaluator for local assignments.
 - Tracking progress of the trainee.
 - Confirming PTB completion.
 - Determining certification per local policy.
 - Issuing proof of certification.
2. The **individual** is responsible for:
 - Reviewing and understanding instructions in the PTB.
 - Identifying desired objectives/goals.

- Providing background information to an evaluator.
 - Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
 - Assuring the Evaluation Record is complete.
 - Notifying local office personnel when the PTB is completed and providing a copy.
 - Keeping the original PTB in personal records.
3. The **Evaluator** is responsible for:
- Being qualified and proficient in the position being evaluated.
 - Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
 - Reviewing tasks with the trainee.
 - Explaining to the trainee the evaluation procedures that will be utilized and which objectives may be attained.
 - Identifying tasks to be performed during the evaluation period.
 - Accurately evaluating and recording demonstrated performance of tasks. Satisfactory performance shall be documented by dating and initialing completion of the task. Unsatisfactory performance shall be documented in the Evaluation Record.
 - Completing the Evaluation Record found at the end of each PTB.
 - Signing the verification statement inside the front cover of the PTB when all tasks have been initialed.
4. The **Training Specialist** is responsible for:
- Identifying incident evaluation opportunities.
 - Identifying and assigning an evaluator that can provide a positive experience for the trainee, and make an accurate and honest appraisal of the trainee's performance.
 - Providing PTBs to approved trainees on the incident when local agency was unable to provide them.
 - Documenting the assignment.
 - Conducting progress reviews.
 - Conducting a close-out interview with the trainee and evaluator and assuring that documentation is proper and complete.

QUALIFICATION RECORD

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p><u>GENERAL</u></p> <p>1. <u>Obtain and assemble information and materials needed for kit.</u> Kit will be assembled and prepared prior to receiving an assignment. Kit will contain critical items needed for the assignment and items needed for functioning during the first 48 hours. Kit will be easily transportable and within agency weight limitation (per National Mobilization Guide). The basic information and materials needed are:</p> <ul style="list-style-type: none"> • ICS Form 211, Check-in List (24). • Color-coded check-in lists. 	O		
<p><u>MOBILIZATION</u></p> <p>2. <u>Obtain complete information from dispatch upon initial activation.</u></p> <ul style="list-style-type: none"> • Incident name. • Incident order number. • Request number. • Reporting location. • Reporting time. • Transportation arrangements/travel routes. • Contact procedures during travel (telephone/radio). 	I		

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W = task must be performed on a wildfire incident
/R = Rare event—the evaluation assignment may not provide opportunities to demonstrate performance. The evaluator may be able to determine skills/knowledge through interview or the home office may need to arrange for another assignment or a simulation.

QUALIFICATION RECORD
Continuation Sheet

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>3. <u>Gather information necessary to assess incident assignment and determine immediate needs and actions.</u></p> <ul style="list-style-type: none"> Incident Commander's/Supervisor's name, location, contact. Current resource commitments. Current situation. Expected duration of assignment. 	I		
<p><u>INCIDENT ACTIVITIES</u></p> <p>4. <u>Arrive at incident and check in.</u></p> <ul style="list-style-type: none"> Arrive properly equipped. Locate check-in and check in according to agency guidelines within appropriate time limits. 	I		
<p>5. <u>Obtain briefing from Resource Unit Leader.</u></p> <ul style="list-style-type: none"> Learn location of resource unit. Understand time of first work period. Determine location of all check-in stations. Establish method of transferring check-in information to the Resource Unit Leader. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>6. <u>Work materials and equipment.</u></p> <ul style="list-style-type: none"> • Provide appropriate supplies at check-in station(s) for them to fully function. • Obtain appropriate transportation if needed. • Order supplies using established procedures approved by Resource Unit Leader. 	I		
<p>7. <u>Organize and maintain check-in stations.</u></p> <ul style="list-style-type: none"> • Provide visible signs to identify stations. • Organize work area for an efficient check-in process. • Provide operational stations within timeframes set by Resource Unit Leader. 	I		
<p>8. <u>ICS Form 211.</u></p> <ul style="list-style-type: none"> • Record information on ICS Form 211 following ICS standard procedures. • Record complete, accurate and legible information. • Complete forms within timeframes established by Resource Unit Leader. • Direct personnel to supervisor, facilities unit, or to resource unit for assignment. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>9. <u>Incident resource information.</u></p> <ul style="list-style-type: none"> Collect information during check-in about: <ul style="list-style-type: none"> Number of days in assignment status (include previous assignment as appropriate). Travel status information. Confirm at-work limitations if appropriate. Last day off. Unusual restrictions and limitations. 	I		
<p>10. <u>Transition with replacement personnel.</u></p> <ul style="list-style-type: none"> Brief them about major events of the concluding operational period, unusual situations, or conditions, and information required by the Resources Unit Leader as personnel and resources are checked in. Provide written notes about items that need follow-up during the upcoming operational period. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>11. <u>ICS Form 219 (Resources Status Card).</u></p> <ul style="list-style-type: none"> Record information on the appropriately colored card. Follow ICS standard procedures and any specific directions provided by Resource Unit Leader. Initiate (recorder) preparation of Form 219 within 30 minutes of receipt of check-in list. Include resource/personnel manifest or reference filed manifest. Assure the following is done for each strike team or task force team formed at the incident: <ul style="list-style-type: none"> Staple or attach original resource status to the back of strike team or task force ICS Form 219. Separate original resource status cards prior to demobilization of affected resources. Follow ICS standard procedures and specific limitations provided by Resource Unit Leader. Assist Resource Unit Leader in arranging display rack for ICS Form 219. <ul style="list-style-type: none"> Follow Resource Unit Leader guidelines for usual organization of board, specific instructions for placement of individual status cards within the display and timeframe for completion of the display. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<ul style="list-style-type: none"> Assist Resource Unit Leader in adjusting the ICS Form 219 display to reflect changes in resource status, using ICS Form 219 or ICS Form 215 (Operational Planning Worksheet). <ul style="list-style-type: none"> Changes are made within established timeframes. 			
<p>12. <u>Track restrictions/work requirement for operational resources.</u></p> <ul style="list-style-type: none"> Assist Resource Unit Leader. Update information for each operational period for each operational resource, about: <ul style="list-style-type: none"> Number of days since last rest and recuperation. Number of days on last previous assignment. Assigned to extended work shifts. Brief Resource Unit Leader about status of resources prior to preparation of ICS Form 215. 	I		
<p>13. <u>Maintain information about incident resources (total number, location, etc.)</u></p> <ul style="list-style-type: none"> Respond to requests as time is available. Process emergency requests as quickly as possible. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>14. <u>Assist Demobilization Unit Leader.</u></p> <ul style="list-style-type: none"> • Follow instruction of Resource Unit Leader. • Transfer information from ICS Form 211 to ICS Form 221 (Demobilization Check-Out) for each resource. • Organize information to reflect similarities in: <ul style="list-style-type: none"> • Resources. • Date and time of release. • Transportation needs. • Destination. • Provide for each resource: <ul style="list-style-type: none"> • Request number. • Name of resource. • Position on incident. • Home agency. • Transportation needed. • Prepares a list of scheduled releases. • Assists with preparation of transportation information. • Complete subject tasks within timeframe set by Demobilization Unit Leader and distribute information as instructed by Demobilization Unit Leader. 	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: STATUS/CHECK-IN RECORDER (SCKN)

TASK	C O D E*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
<p>15. <u>Check-out resources.</u></p> <ul style="list-style-type: none"> • Provide check-out forms to appropriate resources. • Obtain information from resources having own transportation (ETA, destination, ETD, type of transportation). • Provide travel information to resources not having own transportation. • Instruct resources about demobilization process. 	I		
<p>16. <u>Advise other entities.</u></p> <ul style="list-style-type: none"> • Provide agency dispatch name(s) of resources, order and request numbers, type of actual departure, ETA, destination, transportation method. • Advise Supply Unit if appropriate. • Advise Resource Unit. 	I		
<p><u>DEMOBILIZATION</u></p> <p>17. <u>Demobilization and check-out</u></p> <ul style="list-style-type: none"> • Receive demobilization instructions from supervisor. • Insure that incident and agency demobilization procedures are followed. If required, ICS Form 221 (Demobilization Check-Out) is completed and turned in as appropriate. 	I		

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INSTRUCTIONS for EVALUATION RECORD

There are four separate blocks allowing evaluations to be made. These evaluations may be made on incidents, by simulation in classroom, or in daily duties, depending on what the position task book indicates. This should be sufficient for qualification in the position if the individual is adequately prepared. If additional blocks are needed, a page can be copied from a blank task book and attached.

Evaluator's name, incident/office title & agency: List the name of the evaluator, his/her incident position (on incidents) or office title, and agency.

Evaluator's home unit address & phone: self explanatory

#: The number in the upper left corner of the experience block identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the Qualification Record in order to indicate the circumstances under which a particular task was performed.

Location of Incident/Simulation: Identify the location where the tasks were performed by agency and office.

Incident Type: Enter type of incident, e.g., wildfire, search and rescue, flood, etc.

Number and Type of Resources: Enter the number of resources and types assigned to the incident pertinent to the trainee's task book position.

Duration: Enter inclusive dates during which the individual was evaluated. This block may indicate a span of time covering several small and similar incidents if the individual has been evaluated on that basis, i.e., several initial attack fires in similar fuel types.

Mgt. Level: Indicate ICS organization level, i.e., Type 4, Type 3, Type 2, Type 1 or Area Command.

NFFL Fuel Model: For wildfire experience, enter number (1-13) of the fuel model in which the incident occurred and under which the individual was evaluated.

- | | |
|---------------------------------|--------------------------------|
| 1. Short Grass (1 foot) | 8. Closed Timber Litter |
| 2. Timber (grass & understory) | 9. Hardwood Litter |
| 3. Tall grass (2 1/2 feet) | 10. Timber (litter understory) |
| 4. Chaparral (6 feet) | 11. Light Logging Slash |
| 5. Brush (2 feet) | 12. Medium Logging Slash |
| 6. Dormant brush-Hardwood Slash | 13. Heavy Logging Slash |
| 7. Southern Rough | |

Recommendation: Check as appropriate and/or make comments regarding the future needs for development of this trainee.

Date: List the date the record is being completed.

Evaluator's initials: Initial here to authenticate your recommendations and to allow for comparison with initials in the Qualifications Record.

Evaluator's relevant red card rating: List your certification relevant to the trainee position you supervised.

Evaluation Record

TRAINEE NAME		TRAINEE POSITION			
#1	Evaluator's name, incident/office title & agency:				
Evaluator's home unit address & phone:					
Location of Incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3, or 4)	NFFL Fuel Model
			to		
<p>The tasks initialed & dated by me have been performed under my supervision and in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee:</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and must complete all training (both mandatory & suggested) prior to further assignment as a trainee.</p> <p>Recommendations: _____</p> <p>_____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p>					

#2	Evaluator's name, incident/office title & agency:				
Evaluator's home unit address & phone:					
Location of Incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3, or 4)	NFFL Fuel Model
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Evaluation Record
(Continuation Sheet)

TRAINEE NAME		TRAINEE POSITION			
#3	Evaluator's name, incident/office title & agency:				
Evaluator's home unit address & phone:					
Location of Incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3, or 4)	NFFL Fuel Model
			to		
<p>The tasks initialed & dated by me have been performed under my supervision and in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee:</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and must complete all training (both mandatory & suggested) prior to further assignment as a trainee.</p> <p>Recommendations: _____</p> <p>_____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p>					

#4	Evaluator's name, incident/office title & agency:				
Evaluator's home unit address & phone:					
Location of Incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3, or 4)	NFFL Fuel Model
			to		
<p>The tasks initialed & dated by me have been performed under my supervision and in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee:</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and must complete all training (both mandatory & suggested) prior to further assignment as a trainee.</p> <p>Recommendations: _____</p> <p>_____</p> <p>Date: _____ Evaluator's initials: _____ Evaluator's relevant red card (or agency certification) rating: _____</p>					